

**City of Doerun**  
223 West Broad Avenue  
P.O. Box 37  
Doerun, GA 31744

## **ACH Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

### **Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### **Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your utility bill each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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### **Please complete the information below:**

I \_\_\_\_\_  
(full name) authorize The City of Doerun to charge my bank account indicated below on the 10th of each monthly for payment of my Utility Bill.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The City of Doerun in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The City of will charge and I agree to an additional \$42 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that two (2) NSF payments in one (1) year will result in my account being removed from ACH draft without further notice. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.